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APPLICANTS

Leslie N. Gilbertson, Warsaw, IN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
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Verified and Acknowledged

Examiner's Signature Initials

ADDRESS  
 43231  
 ZIMMER TECHNOLOGY - REEVES  
 P. O. BOX 1268  
 ALEDO, TX  
 76008

TITLE  
 Junction for a modular implant

FILING FEE  RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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